

**TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICER  
(703) 505-5493**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

1  
**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/				
4		/		/		
5		3		1		
6		(7)		1		
7		(1)		1		
8		/				
9		/		1		
10		/		1		
11		/		1		
12		/		1		
13		/		1		
14		/	4	1		
15		7		1		
16		/		1		
17		/		2		
18		9		1		
19		/		1		
20		(6)		1		
21		(1)		1		
22		(8)		1		
23		(0)		1		
24					1	
25					1	
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49						
50						
TOTAL IND.	/		2			
TOTAL DEP.	31	←	28	←		→
TOTAL CLAIMS	32		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						